

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

481

1. PLACE OF DEATH

23 County Clark
2 Township Des Moines
1 City Wayland (No. St. Ward)

Registration District No. 198
Primary Registration District No. 4116

File No.
Registered No.
St. Ward

2. FULL NAME

Miss Annie Arnold

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Monroe County, Mo.

10. NAME OF FATHER

William H. Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Nancy Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT Mr. A. M. Skellie
(Address) Wayland Mo.

15.

FILED 1-18-32 H. F. Kircher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16, 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to Jan. 15, 1932

that I last saw her alive on Jan. 15, 1932, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48 Carcinoma of uterine

duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Riggs, M. D.

1/18, 1932 (Address) Wayland Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Sand Cemetery 1/18 1932

20. UNDERTAKER

ADDRESS

H. F. Kircher Wayland Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 28 1932

